## Case 13-01578-JMC-7 Doc 3 Filed 02/26/13 EOD 02/26/13 17:22:51 Pg 1 of 7

B22A (Official Form 22A) (Chapter 7) (12/10)

In re	Kennith Dantie Inskeep, Sr.	
	Debtor(s)	According to the information required to be entered on this statement
Case Number:		(check one box as directed in Part I, III, or VI of this statement):
	(If known)	$\Box$ The presumption arises.
		■ The presumption does not arise.
		$\square$ The presumption is temporarily inapplicable.

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by \$707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS				
1A	<b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.				
	□ <b>Declaration of Disabled Veteran.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).				
1B	<b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.				
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.				
Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Arr Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete an required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period y are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.					
1C	□ <b>Declaration of Reservists and National Guard Members.</b> By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard				
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;				
	OR				
	<ul> <li>b. □ I am performing homeland defense activity for a period of at least 90 days /or/</li> <li>□ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.</li> </ul>				

	Part II. CALCULATION OF M	10N	THLY INCOM	ME FOR § 707(b)(7	7) E	EXCLUSION		
	Marital/filing status. Check the box that applies	and c	omplete the balance	e of this part of this state	mer	nt as directed.		
	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.							
2	b.  Married, not filing jointly, with declaration "My spouse and I are legally separated under purpose of evading the requirements of § 70% for Lines 3-11.	tcy law or my spouse an	nd I are living apart other than for the			han for the		
	c. ☐ Married, not filing jointly, without the decl ("Debtor's Income") and Column B ("Spo				b above. Complete both Column A			Column A
	d.   Married, filing jointly. Complete both Col				Spo	use's Income")	for L	ines 3-11.
	All figures must reflect average monthly income received from all sources, derived during the six					Column A	(	Column B
	calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the					Debtor's		Spouse's
	six-month total by six, and enter the result on the			you must divide the		Income		Income
3	Gross wages, salary, tips, bonuses, overtime, co	mmi	ssions.		\$	3,785.00	\$	
	Income from the operation of a business, profes							
	enter the difference in the appropriate column(s)							
	business, profession or farm, enter aggregate num not enter a number less than zero. <b>Do not include</b>							
4	Line b as a deduction in Part V.	uny	part of the busine	ss expenses entered on				
			Debtor	Spouse				
	a. Gross receipts	\$	0.00					
	b. Ordinary and necessary business expenses	\$	0.00		d.	0.00	ф	
	c. Business income		btract Line b from I		\$	0.00	<b>3</b>	
	<b>Rents and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. <b>Do not include any</b>							
	part of the operating expenses entered on Line b as a deduction in Part V.							
5			Debtor	Spouse				
	a. Gross receipts	\$	0.00					
	b. Ordinary and necessary operating expenses		<b>0.00</b> btract Line b from I		\$	0.00	ď	
	c. Rent and other real property income	Su	otract Line o from i	Line a		0.00		
6	Interest, dividends, and royalties.				\$	0.00		
7	Pension and retirement income.				\$	0.00	\$	
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.				\$	0.00	\$	
9	<b>Unemployment compensation.</b> Enter the amount However, if you contend that unemployment combenefit under the Social Security Act, do not list to B, but instead state the amount in the space bel	pensa he an	ation received by yo	ou or your spouse was a				
	Unemployment compensation claimed to be a benefit under the Social Security Act  Debte		<b>0.00</b> Spo	ouse \$	\$	0.00	\$	
10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.  Debtor Spouse							
	a.	\$		\$				
	b.	\$		\$				
	Total and enter on Line 10				\$	0.00	\$	
11	Subtotal of Current Monthly Income for § 707( Column B is completed, add Lines 3 through 10 in				\$	3,785.00	\$	

12	Total Current Monthly Income for § 707(b)(7). If Column B Column A to Line 11, Column B, and enter the total. If Column the amount from Line 11, Column A.	1 /	\$		3,785.00
	Part III. APPLICATION C	F § 707(b)(7) EXCLUSION	N		
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.				45,420.00
14	<b>Applicable median family income.</b> Enter the median family income. (This information is available by family size at <a href="www.usdoj.gov/">www.usdoj.gov/</a>				
	a. Enter debtor's state of residence: IN b. 1	Enter debtor's household size:	2	\$	51,551.00
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed.  The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" a top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.  The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.				

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

17	Enter the amount from Line 12.  Marital adjustment. If you checke Column B that was NOT paid on a dependents. Specify in the lines bels spouse's tax liability or the spouse's amount of income devoted to each pnot check box at Line 2.c, enter zero a.  b. c. d.  Total and enter on Line 17  Current monthly income for § 707	d the box at Line 2.c regular basis for the low the basis for exclusive support of persons opurpose. If necessary b.  7(b)(2). Subtract Lin	, enter of househouding the other than t, list add	Id expenses of the debtor or e Column B income (such as n the debtor or the debtor's d litional adjustments on a sep  \$ \$ \$ \$ \$ \$	come listed in Line 11, the debtor's s payment of the dependents) and the arate page. If you did	\$ \$ \$
17	Marital adjustment. If you checker Column B that was NOT paid on a sedependents. Specify in the lines beloeved to each proof to the spouse's amount of income devoted to each proof the spouse's at Line 2.c, enter zero a.  b. c. d. Total and enter on Line 17  Current monthly income for § 707  Part V. Carrent Specific Columns 17	regular basis for the low the basis for exclusive support of persons courpose. If necessary of the basis for exclusive support of persons of the basis for exclusive support of the basis for exclusive support of the basis for exclusive support of persons of the basis for exclusive support of the basis for the basis for exclusive support of the basis for the basis for exclusive support of the basis for the basis for exclusive support of the b	househouding the other than the that add	Id expenses of the debtor or e Column B income (such as n the debtor or the debtor's d litional adjustments on a sep  \$ \$ \$ \$ \$ \$ \$ \$ \$  m Line 16 and enter the resu	the debtor's s payment of the dependents) and the arate page. If you did	\$
17	Column B that was NOT paid on a dependents. Specify in the lines belospouse's tax liability or the spouse's amount of income devoted to each pot check box at Line 2.c, enter zerola.  b. c. d.  Total and enter on Line 17  Current monthly income for § 707  Part V. Ca	regular basis for the low the basis for exclusive support of persons courpose. If necessary of the basis for exclusive support of persons of the basis for exclusive support of the basis for exclusive support of the basis for exclusive support of persons of the basis for exclusive support of the basis for the basis for exclusive support of the basis for the basis for exclusive support of the basis for the basis for exclusive support of the b	househouding the other than the that add	Id expenses of the debtor or e Column B income (such as n the debtor or the debtor's d litional adjustments on a sep  \$ \$ \$ \$ \$ \$ \$ \$ \$  m Line 16 and enter the resu	the debtor's s payment of the dependents) and the arate page. If you did	
	c. d. Total and enter on Line 17  Current monthly income for § 707  Part V. C.	ALCULATION		\$ \$ m Line 16 and enter the resu		
	d. Total and enter on Line 17  Current monthly income for § 707  Part V. CA	ALCULATION		m Line 16 and enter the resu		
	Total and enter on Line 17  Current monthly income for § 707  Part V. C.	ALCULATION		m Line 16 and enter the resu		
18	Part V. C.	ALCULATION				\$
			OF DI	EDUCTIONS FROM	INCOME	
					INCOME	
	Subpart A: Dec	luctions under Sta	andard	s of the Internal Revenu	e Service (IRS)	
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					\$
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.					
	Persons under 65 year	rs of age	-2	Persons 65 years of age	or older	
	<ul><li>a1. Allowance per person</li><li>b1. Number of persons</li></ul>		a2.	Allowance per person Number of persons		
	c1. Subtotal		c2.	Subtotal		\$
20A	<b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is			\$		

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your count available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy counted the number that would currently be allowed as exemptions on your fed any additional dependents whom you support); enter on Line b the total debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero.				
	<ul> <li>a. IRS Housing and Utilities Standards; mortgage/rental expense</li> <li>b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</li> <li>c. Net mortgage/rental expense</li> </ul>	\$ \$ Subtract Line b from Line a.			
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entitl Standards, enter any additional amount to which you contend you are contention in the space below:	that the process set out in Lines 20A and led under the IRS Housing and Utilities	\$		
22A	Local Standards: transportation; vehicle operation/public transport You are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation.  Check the number of vehicles for which you pay the operating expense included as a contribution to your household expenses in Line 8.  □ 0 □ 1 □ 2 or more.  If you checked 0, enter on Line 22A the "Public Transportation" amou Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/ or	\$			
22B	Local Standards: transportation; additional public transportation of for a vehicle and also use public transportation, and you contend that y you public transportation expenses, enter on Line 22B the "Public Transtandards: Transportation. (This amount is available at <a href="www.usdoj.gov.court.">www.usdoj.gov.court.</a> )	\$			
23	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an ownership vehicles.)  1				
	Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42 c. Net ownership/lease expense for Vehicle 1	\$ Subtract Line b from Line a.	\$		
24	the result in Line 24. <b>Do not enter an amount less than zero.</b>				
	b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$ Subtract Line b from Line a.	\$		
25	Other Necessary Expenses: taxes. Enter the total average monthly ex state and local taxes, other than real estate and sales taxes, such as inconsecurity taxes, and Medicare taxes. Do not include real estate or sales	\$			

26	Other Necessary Expenses: involuntary deductions for employment. Enter the deductions that are required for your employment, such as retirement contribution Do not include discretionary amounts, such as voluntary 401(k) contributions	ns, union dues, and uniform costs.	5	
27	Other Necessary Expenses: life insurance. Enter total average monthly premium life insurance for yourself. Do not include premiums for insurance on your depany other form of insurance.	\$		
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.			
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.			
30	Other Necessary Expenses: childcare. Enter the total average monthly amount childcare - such as baby-sitting, day care, nursery and preschool. <b>Do not include</b>		5	
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.			
32	Other Necessary Expenses: telecommunication services. Enter the total average actually pay for telecommunication services other than your basic home telephone pagers, call waiting, caller id, special long distance, or internet service - to the ext welfare or that of your dependents. Do not include any amount previously deduced the control of the con	5		
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 thro	ugh 32.	5	
	Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.			
34	a. Health Insurance \$			
	b. Disability Insurance \$			
	c. Health Savings Account \$	\$	5	
	Total and enter on Line 34.  If you do not actually expend this total amount, state your actual total average below:  \$			
35	Continued contributions to the care of household or family members. Enter the expenses that you will continue to pay for the reasonable and necessary care and sill, or disabled member of your household or member of your immediate family we expenses.	support of an elderly, chronically	5	
36	<b>Protection against family violence.</b> Enter the total average reasonably necessary actually incurred to maintain the safety of your family under the Family Violence other applicable federal law. The nature of these expenses is required to be kept c	Prevention and Services Act or	5	
37	Home energy costs. Enter the total average monthly amount, in excess of the allest Standards for Housing and Utilities, that you actually expend for home energy cost trustee with documentation of your actual expenses, and you must demonstrate claimed is reasonable and necessary.	sts. You must provide your case	5	
38	claimed is reasonable and necessary.  Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary			

 $<sup>^{*}</sup>$  Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense expenses exceed the combined alloward Standards, not to exceed 5% of those or from the clerk of the bankruptcy coreasonable and necessary.	\$					
40	Continued charitable contributions. financial instruments to a charitable or	\$					
41	<b>Total Additional Expense Deduction</b>	s under § 707(b). Enter the total of L	ines 34 through 40		\$		
	S	Subpart C: Deductions for De	bt Payment				
42	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
	Name of Creditor	Property Securing the Debt		Does payment include taxes or insurance?			
	a.		\$	□yes □no			
44 45	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.    Name of Creditor				\$ \$		
		ve expense of Chapter 13 case	Total: Multiply Line	es a and b	\$		
46	<b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.						
	Subpart D: Total Deductions from Income						
47	Total of all deductions allowed unde	r § 707(b)(2). Enter the total of Lines	33, 41, and 46.		\$		
	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION						
48	Enter the amount from Line 18 (Cur	rrent monthly income for § 707(b)(2)	))		\$		
49	Enter the amount from Line 47 (Tot	al of all deductions allowed under §	707(b)(2))		\$		
50	Monthly disposable income under §	707(b)(2). Subtract Line 49 from Line	e 48 and enter the resu	ılt.	\$		
51	60-month disposable income under § result.	\$					

	Initial presumption determination. Check the applicable box and proceed as directed.						
52	☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.						
		☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VII. You may also complete Part VII. Do not complete the remainder of Part VI.					
	☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Co	omplete the remainder of Part VI (I	ines 53 through 55).				
53	Enter the amount of your total non-priority unsecured debt		\$				
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number	er 0.25 and enter the result.	\$				
	Secondary presumption determination. Check the applicable box and proceed a	as directed.					
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.						
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.						
	Part VII. ADDITIONAL EXPENSE	CLAIMS					
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.						
	Expense Description	Monthly Amou	nt				
	a.	\$					
	b.	\$					
	c.	\$					
	d.	\$					
	Total: Add Lines a, b, c, and d	\$					
	Part VIII. VERIFICATION	N					
	I declare under penalty of perjury that the information provided in this statement in must sign.)	is true and correct. (If this is a join	nt case, both debtors				
57		re: /s/ Kennith Dantie Inskeep	o, Sr.				
	Kennith Dantie Inskeep, Sr.						
		(Debtor)					

<sup>\*</sup> Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.